

## **Health Care Payment Learning and Action Network March 2015 Kickoff Meeting Summary**

On March 25, the Health Care Payment Learning and Action Network's (the "Network") kickoff meeting featured opening remarks by Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell and President Obama. Participants included chief executive officers and senior leaders from across the health care community, including providers, payers, employers, patients, consumer groups, health experts, and state and federal government agencies. Participants represented a wide variety of interests including publically traded companies, not-for-profit organizations, urban facilities, rural providers, small practices, large systems, and national associations. Stakeholder participation will be critical to achieving the Network's goal of increasing the adoption of alternative payment models that improve quality and reduce costs.

### **Morning Kickoff Session**

Secretary Burwell reiterated the goal of moving 30 percent of all Medicare payments into alternative payment models, such as accountable care organizations, bundled payments, and patient-centered medical homes, by 2016 and 50 percent by 2018. She emphasized the Network's critical role in helping the entire U.S. health care system to meet or exceed the Medicare goals.

President Obama reflected on the fifth anniversary of the Affordable Care Act and noted the transformation of the nation's health care system into one that achieves better care, smarter spending of health dollars, and healthier people. He identified opportunities for additional progress through the adoption of alternative payment models and recognized that many groups had established their own organization-specific goals to increase the adoption of alternative payment models.

"We're moving Medicare toward a payment model that rewards quality of care instead of quantity of care. We don't want the incentives to be skewed so that providers feel obliged to do more tests; we want them to do the right tests," President Obama said. "We want them to save—to invest some money on the front end to prevent disease and not just on the back end to treat disease. And so these changes are encouraging doctors and hospitals to focus on getting better outcomes for their patients."

### **Afternoon Discussions**

Approximately 200 participants gathered at the HHS headquarters for the afternoon discussions. Dr. Patrick Conway, Acting Principal Deputy Administrator and Chief Medical Officer at the Centers for Medicare & Medicaid Services (CMS), welcomed the participants. He reiterated the Network goals: 30% of payment in alternative payment models by 2016 and 50%

by 2018 for the entire U.S. health care payment system. Following his remarks, participants joined breakout group discussions to begin identifying the most important next steps for the Network to achieve its goals.

Breakout group participants agreed that working together was the best approach for maximizing opportunities and addressing challenges within our health care system. They emphasized the need to accomplish change at the grassroots and national levels. They also identified several themes that could potentially become Network focus areas, including:

Develop common definitions for alternative payment models

- Establish common health care quality measures across payers
- Reduce variation in payment methods such as beneficiary attribution, risk adjustment, and financial models
- Develop national standards and support flexible regional or local benchmarks
- Align financial incentive structures to avoid conflicts between alternative payment models and fee-for-service
- Effectively share payment model success stories to encourage adoption by more payers and providers
- Align claims data sharing processes across payers
- Support health systems and individual providers during transformation to alternative payment models
- Conduct outreach and educate consumers about quality care and value-based payment models

## **Next Steps**

HHS leadership announced that The MITRE Corporation will convene and independently manage the Network's Guiding Committee. MITRE is a not-for-profit organization chartered in the public-interest to operate federally funded research and development centers (FFRDC) for the federal government. MITRE will establish the Network's Guiding Committee, which will comprise representative stakeholders from the Network. The Guiding Committee will identify priorities and provide recommendations to MITRE in its role as the Guiding Committee convener. MITRE will also set up work groups, in consultation with the Guiding Committee, to address specific topics. Questions related to the establishment of the Guiding Committee should be directed to [PaymentNetwork@mitre.org](mailto:PaymentNetwork@mitre.org).

The Network will issue regular updates. Network participants can stay current with the latest Network developments by visiting the [innovation.cms.gov](http://innovation.cms.gov) website. In the future, there will be regularly scheduled webinars and in-person meetings to inform and assist Network participants.

*Visit the [Innovation.cms.gov](http://innovation.cms.gov) website (Health Care Payment Learning and Action Network Page):*

<http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network>